FORM D

Mail Processing Section

SEP 022008

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Weshington, DC าเดา

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OMB APPF	,
OMB Number: Expires: Estimated average but hours per form	rden
SEC USE	ONLY
Prefix	Serial
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DATE REC	EIVED
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Name of Offering	check if this is an a	mendment and name h	as changed, and in	dicate change.		
Sale and Issuance	of Series B Preferred St	ock				
Filing Under (Check	box(es) that apply):	☐ Rule 504	Rule 505	□ Rule 506	Section 4(6	DULOE COSE
Type of Filing:	☑ New Filing	☐ Amendment				PROCESSED
		A. BAS	SIC IDENTIFICATION	ON DATA		SEP 1 0 2008
1. Enter the inform	mation requested about th	e issuer				
Name of Issuer	check if this is an a	mendment and name h	as changed, and in	dicate change.		THOMSON REUTERS
Liquid Robotics, Ir	1C	·	-			
Address of Executiv	re Offices		(Number and Stree	et, City, State, Zip Co	ode) Telephone	Number (Including Area Code)
1901 Embarcadero	Road, Suite 106, Palo A	ito, CA 94303				650-493-6300
Address of Executiv	ve Offices		(Number and Stre	et, City, State, Zip Co	ode) Telephone	Number (Including Area Code)
(if different from Exe	ecutive Offices) Sam	e as Above				
Brief Description of	Business: Compute	r assisted design sen	vices		_	
Type of Business O	rganization		·-··			
	□ corporation □ corpo	☐ limited p	artnership, already	formed	other (pl	08058886
	☐ business trust	limited p	artnership, to be fo	rmed		• • • • • • • • • • • • • • • • • • • •
	Date of Incorporation or Organization:	(Enter two-letter U.S. F		Ye 0 eviation for State: or other foreign jurisd	7	Actual
					<u> </u>	
GENERAL INSTRU Federal:	JCTIONS					
Who Must File: A	ll issuers making an offerir	ng of securities in relian	ice on an exemptio	n under Regulation D	or Section 4(6), 1	7 CFR 230.501 et seq. or 15

U.S.C. 77d(6).

A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File:

U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must Copies Required: be photocopies of the manually signed copy or bear typed or printed signatures.

A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA										
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual): Rizzi, Joe										
Business or Residence Address (Number and Street, City, State, Zip Code): 12615 Mira Loma Way, Los Altos, CA 94024										
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, i	f individual):	Hine, Derek								
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le): 5 Hawkview Street, Poi	rtola Valley, CA 9	4028					
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner			☐ General and/or Managing Partner					
Full Name (Last name first, i	f individual):	Hine, Roger								
Business or Residence Addi	ress (Number and	Street, City, State, Zip Cod	le): 600 Ringwood Avenue	, Menio Park, CA	94025					
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	if individual):	Jupiter Research For	undation							
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 1901 Embarcadero Ros	ad, Suite 106, Pal	lo Alto, CA 94303					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	if individual):	Kamolnick, Bruce								
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 1901 Embarcadero Ro	ad, Suite 106, Pal	lo Alto, CA 94303					
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):	JOSEPH D. AND ELI	ZABETH M. RIZZI 1990 FA	MILY TRUST						
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 1901 Embarcadere	o Road, Suite 106	S, Palo Alto, CA 94303					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):									
Business or Residence Address (Number and Street, City, State, Zip Code):										
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first,	Full Name (Last name first, if individual):									
Business or Residence Address (Number and Street, City, State, Zip Code):										

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

701177157v1 2 of 8

B. INFORMATION ABOUT OFFERING														
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Y	<u>'es</u>	<u>No</u>				
									[-	⊠			
What is the minimum investment that will be accepted from any individual?										\$1	1.50			
Does the offering permit joint ownership of a single unit? Yes Yes										<u>'es</u>	<u>No</u>			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Na	me (Last na	me first, if	individual)):										
Busine	ss or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code):							
Name o	of Associate	d Broker o	r Dealer:								****			
States (C	n Which Pe heck "All St	rson Liste ates" or ch	d Has Soli neck individ	cited or Inf dual States	tends to So	olicit Purch	nasers:							☐ All States
☐ [AL]	[AK]	☐ [AZ]	□ [AR]	☐ [CA]	□ [CO]		[] [DE]		[FL]	□ [GA]	[HI]	□ (ID)		
	□ [IN]	□ [IA]	□ [KS]	☐ [KY]	[LA]	[ME]	☐ [MD]	[MA]	[MI]	☐ [MN]	☐ [MS]	[MO]		
] [NE]	□ [NV]	□ [NH]	□ [NJ]	[NM]	[YN]	☐ [NC]	[ND]	□ [OH]			□ [PA]		
☐ [RI]	□ [SC]	[SD]	☐ [TN]	[XT]			□ [VA]	□ [WA]		□ [WI]		☐ [PR]		
Full Na	me (Last na	me first, if	individual):										
Busine	ss or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code):							
Name	of Associate	d Broker o	or Dealer.											
	in Which Pe heck "All St													☐ All States
	[AK]	☐ [AZ]	[AR]	☐ [CA]	□ [CO]	□ [CT]	☐ [DE]		[FL]	☐ [GA]	☐ [HI]	[ID]		
□ [IL]	□ [IN]	□ [IA]	□ [KS]	☐ [KY]	□ [LA]	☐ [ME]		☐ [MA]	[IM]	☐ [MN]	☐ [MS]	[MO]		
□ [МТ] [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]		□ [ND]	[OH]	□ [OK]	□ [OR]	[PA]		
	□ [SC]	☐ [SD]		□ [TX]	[[UT]		□ [VA]	[WA]				[PR]		
Full Na	me (Last na	ame first, if	individual):										
Business or Residence Address (Number and Street, City, State, Zip Code):														
Name	of Associate	d Broker o	or Dealer:											
	in Which Pe theck "All Si													☐ All States
□ [AL	[AK]	□ [AZ]	□ [AR]	□ [CA]	□ [CO]	□ [CT]			□ [FL]	☐ [GA]	□ [HI]	□ [ID]		
	□ [IN]	□ [IA]	□ [KS]	☐ [KY]		☐ [ME]	☐ [MD]	☐ [MA]	[MI]	[MN]	☐ [MS]			
ТМ} □] [NE]	[NN]	[[NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]		□ [OH]		□ [OR]	☐ [PA]		
□ [RI]	[SC]	□ [SD]	[NT]	□ [TX]	□ [UT]		[VA]	[WA]	[W√]	[WI]		[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

701177157v1 3 of 8

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \sum and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$_	
	Equity	\$	3,000,000.00	\$	2,360,001.00
	☐ Common ⊠ Preferred				
	Convertible Securities (including warrants)	s		\$	
	Partnership Interests	s	0	s	0
		\$		•	
	Other (Specify)			. <u>*</u>	2 200 004 00
	Total	<u>\$</u>	3,000,000.00	<u> </u>	2,360,001.00
2.	Enter the number of accredited and non-accredited investors who have purchases securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount Of Purchases
	Accredited Investors		4	<u>\$</u>	2,360,001.00
	Non-accredited Investors		0	<u>\$</u>	0
	Total (for filings under Rule 504 only)		0	<u>\$</u>	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be give as subject to future contingencies. If the amount of an expenditure is not know, furnish as estimate and check the box to the left of the estimate.				
	Transfer Agent's Fee			\$	
	Printing and Engraving Costs			\$	
	Legal Fees	·····		\$	
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		_	\$	

4 of 8

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENS	SES ANL	USE OF PROCE	EUS			
4	b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to fithe "adjusted gross proceeds to the issuer."	Part C – Question 4.a. This differe	ence is			<u>\$</u>	3	,000,000.00
5	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in res	any purpose is not known, furnish he total of the payments listed mu	an st equal	Payments Officers Directors Affiliate	, &			yments to Others
	Salaries and fees			\$			\$	
	Purchase of real estate			\$			\$	
	Purchase, rental or leasing and installation of ma	chinery and equipment		\$			\$	
	Construction or leasing of plant buildings and fac	ilities		\$			\$	
	Acquisition of other businesses (including the val offering that may be used in exchange for the ass			\$			\$	
	Repayment of indebtedness			\$			\$	
	Working capital		\boxtimes	\$		⊠	\$ 3	,000,000.00
	Other (specify):			\$. 🗆	\$	
				\$. 🗆	\$	
	Column Totals			\$			\$	
	Total payments Listed (column totals added)			☒	\$	3,00	00,000.00	<u> </u>
		D. FEDERAL SIGNATURE						
CC	his issuer has duly caused this notice to be signed by the unstitutes an undertaking by the issuer to furnish to the U.S. the issuer to any non-accredited investor pursuant to para	Securities and Exchange Comm	n. If this	notice is filed und pon written reques	er Rule st of its s	505, the staff, the	following informat	g signature ion furnished
ls	suer (Print or Type)	Signature	10-		Dá	ate		
<u>Li</u>	guid Robotics, Inc.	1 DOVO		<u> </u>	Ju	ıly 17, 2	800	<u> </u>
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)						
В	ruce Kamolnick	CFO	_					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

